Commonwealth of Massachusetts
Executive Office of Health and Human Services

Health Information Technology Council June Meeting

June 3, 2013

3:30-5:00 P.M.

One Ashburton Place, 21st Floor, Boston

Agenda

Today's Agenda:

1. **Meeting Minutes approval [5 min]**

2. **Mass HIway Implementation Updates**

   a) Holyoke Medical Center [20 min] – Carl Cameron

   b) Beth Israel Deaconess Medical Center [5 min] – John Halamka

3. **Advisory Group Discussion & Updates [30 min] – Micky Tripathi**

4. **MeHI FY14 Operating Plan [10 min] – Laurance Stuntz**

5. **Mass HIway Update**

   a) Outreach & Sales Update [5 min] – Sean Kennedy

   b) Implementation & Support Update [5 min] – Manu Tandon

   c) Phase 2 Update [5 min] – Manu Tandon

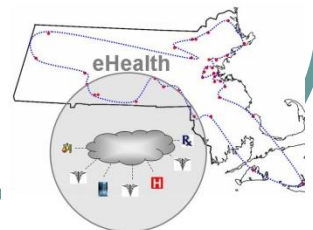6. **Wrap up and next steps [5 min] – Manu Tandon**

Discussion Item 1:

Mass HIway Implementation Updates – Holyoke Medical Center, Beth Israel Deaconess Medical Center

HealthConnect
# Clinical Data Exchange

Presentation to the HIT Council

June 6, 2013

Carl Cameron
**Chief Information and Analytics Officer**

Background

- Holyoke Medical Center providing quality, efficient care since 1893

- Serves a population of 180,000 in surrounding cities and towns

- 198 bed facility with 1,200 employees

- Annually, Holyoke admits over 7,500 patients with over 45,000 ER visits

- 75% of Holyoke Medical Center's revenue base is funded by Medicaid and Medicare

- Member of Valley Health Systems which includes Holyoke Visiting Nurse Association, Western Massachusetts Physician Association and River Valley Counseling Center
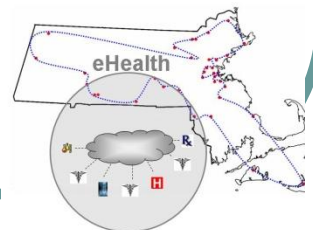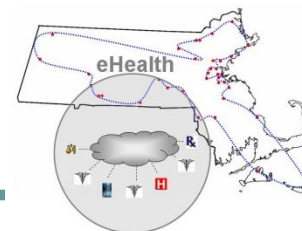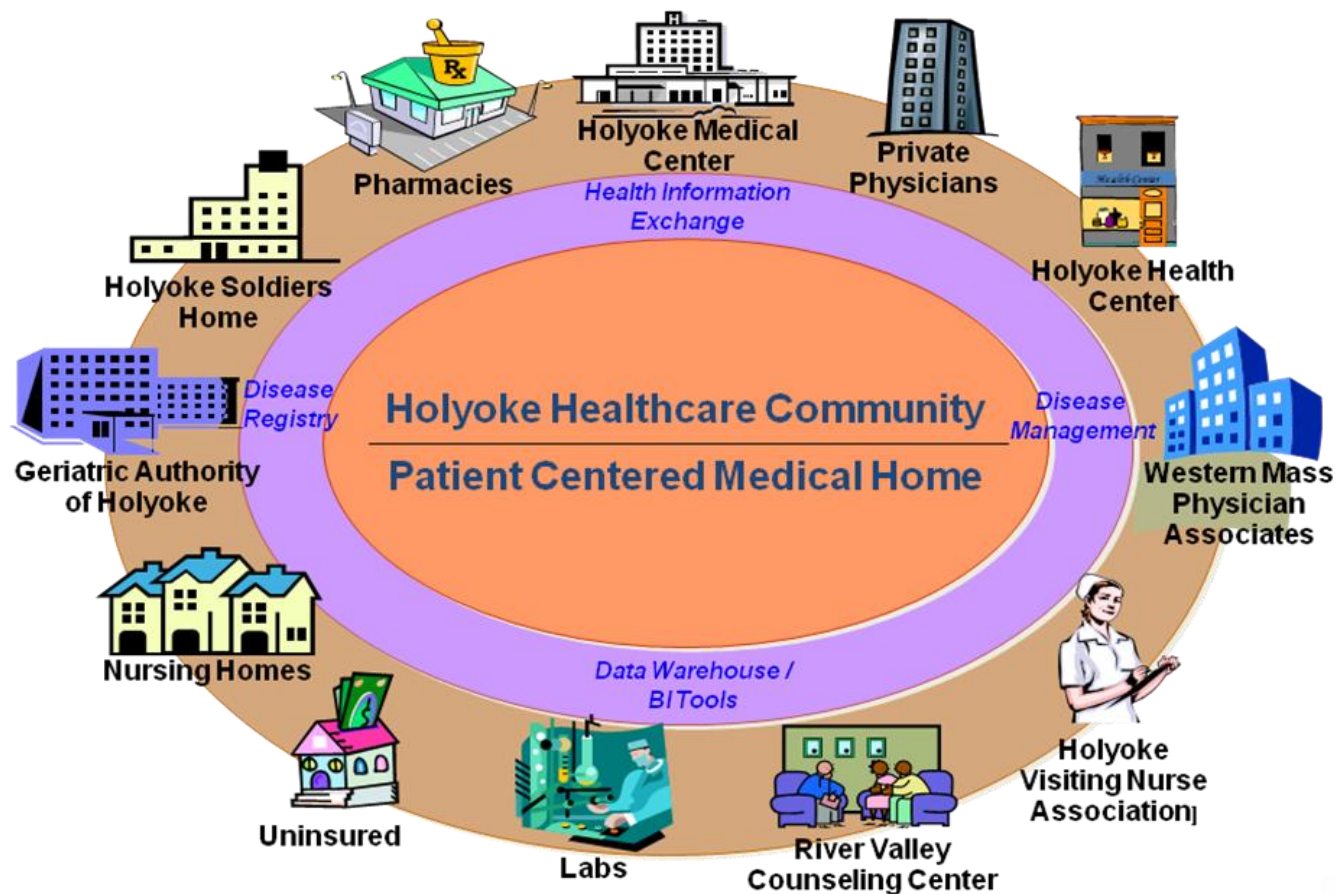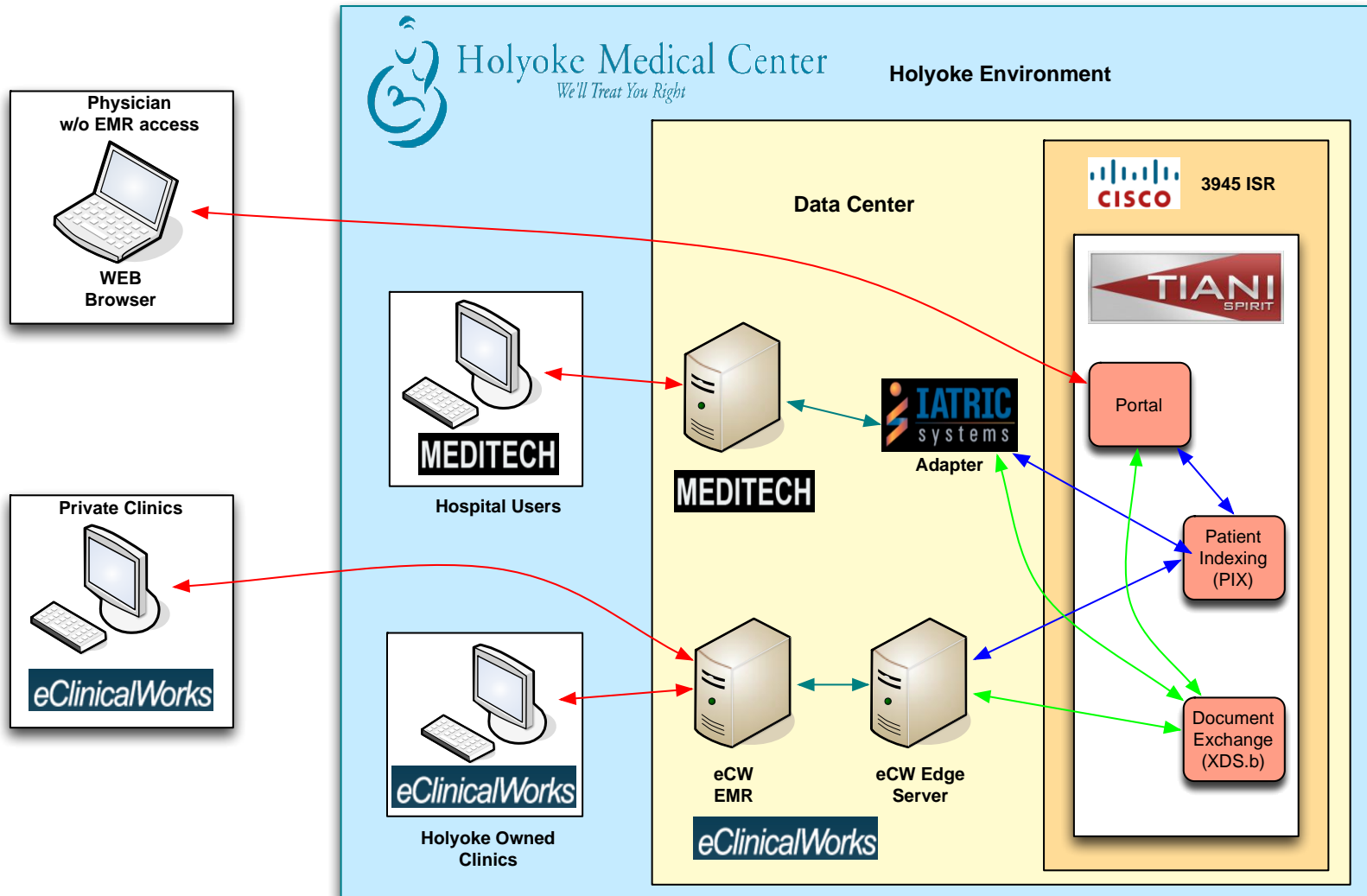
Holyoke HealthConnect Requirements

- Similar to the MA HIway agreements, providers are required to:
  - ✓ Execute participation agreements with Holyoke Medical Center
  - ✓ Secure consent
  - ✓ Comply with policies and procedures
  - ✓ Pay fees for services rendered

- HealthConnect Accountability
  - ✓ First line of support to the provider
  - ✓ HIE policies and standards located on the HMC website
  - ✓ Compliance programs: monitoring and enforcement
  - ✓ Termination if participants don't follow requirements
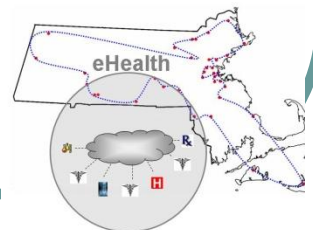
HealthConnect Implementation Status

- Phase 1: Hub and Spoke **(Completed)**

  - ✓ Hub strategy for delivery of lab/rad results

  - ✓ Purse Ambulatory role out of EHRs

  - ✓ Align go-live with results delivery

- Phase 2: Portal and CCD Push **(Completed)**

  - ✓ Implement CCD send capability in EHRs and Hospital for summary of care

  - ✓ Begin implementation of bi-directional interfaces

  - ✓ Begin enabling HealthConnect (HIE) capabilities

  - ✓ Create eMPI

  - ✓ Establish Patient Consent Process
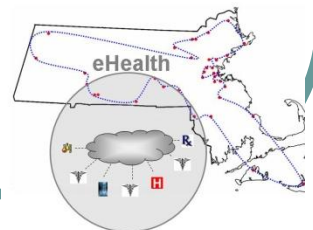
eHealth

HealthConnect Implementation Status

- Phase 3: **Today**
  - ✓ Complete bi-directional interfaces
  - ✓ Complete physician portal for viewing patient summaries
  - ✓ Enable interface to public health as available
  - ✓ Begin use of repository capabilities
  - ✓ Enable Quality Reporting to outside entities
  - ✓ Establish statewide exchange capabilities

- Provider Implementation Status
  - ✓ 43 providers are live
  - ✓ Excludes providers within Holyoke Medical Center
  - ✓ Actively working to sign an additional 30 providers to participation agreements
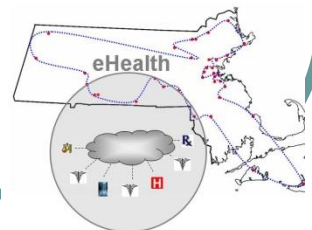
eHealth

HealthConnect and MA HIway

- Have successfully exchanged S/MIME transactions between Holyoke HealthConnect and MA HIway

- Working through XDR testing – *close….target 6/7/2013*

- Will load segment of test providers to test with HIway partners – MAeHC, Tufts Medical, others

- June/July 2013 timeframe – successful implementation will allow providers to do bilateral exchange

- Secured an Implementation Grant to connect with Holyoke Health Centers and River Valley Counseling Centers

- Currently moving toward implementation with DPH Immunization, other registries – June/July timeframe

eHealth
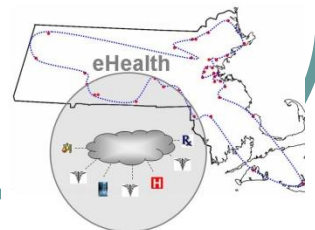
Lessons Learned

- Lack of industry standards for connectivity between disparate EMR systems

- Vendors slow to respond to HMC needs and requirements

- Episodic vs. Cross Continuum Care

- Practice work flow changes are overwhelming

- Physician documentation is now visible

- Security and patient consent processes need to be monitored

Holyoke Medical Center
A Member of Valley Health Systems
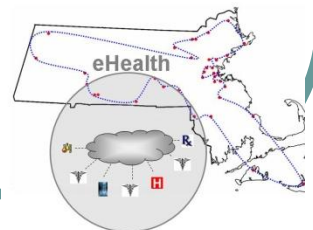
HealthConnect Data Model

The HIE will present a "Merged View" of the Patient Record

Doctor's Office Patient Chart

Doctor's Office Patient Chart

Doctor's Office Patient Chart

Information that resides only in the Individual doctor's office record:

➢ Private office notes
➢ Consultation letters
➢ Scanned reports

Vital information from each patient record will be pulled from each practice. The data is encrypted for security and then sent to the Exchange. The Exchange will not contain all the information from each patient record, only that Information that the community has selected for sharing (Limited to the CCD/CCR data)

HealthConnect Summary contains:

➢ Medication List
➢ Problem List
➢ Procedures
➢ Immunizations
➢ Allergies
➢ Lab Results
➢ Radiology Results
➢ Past Medical History
➢ Family History (limited)
➢ Social History (limited)

Community HealthConnect Summary

eHealth

Holyoke Medical Center
A Member of Valley Health Systems
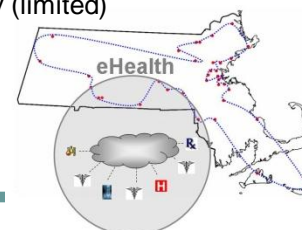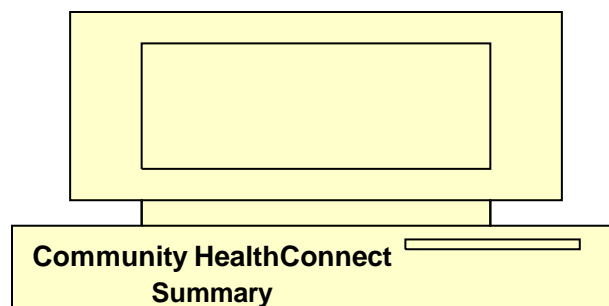
HIE PATIENT CONSENT WORKFLOW
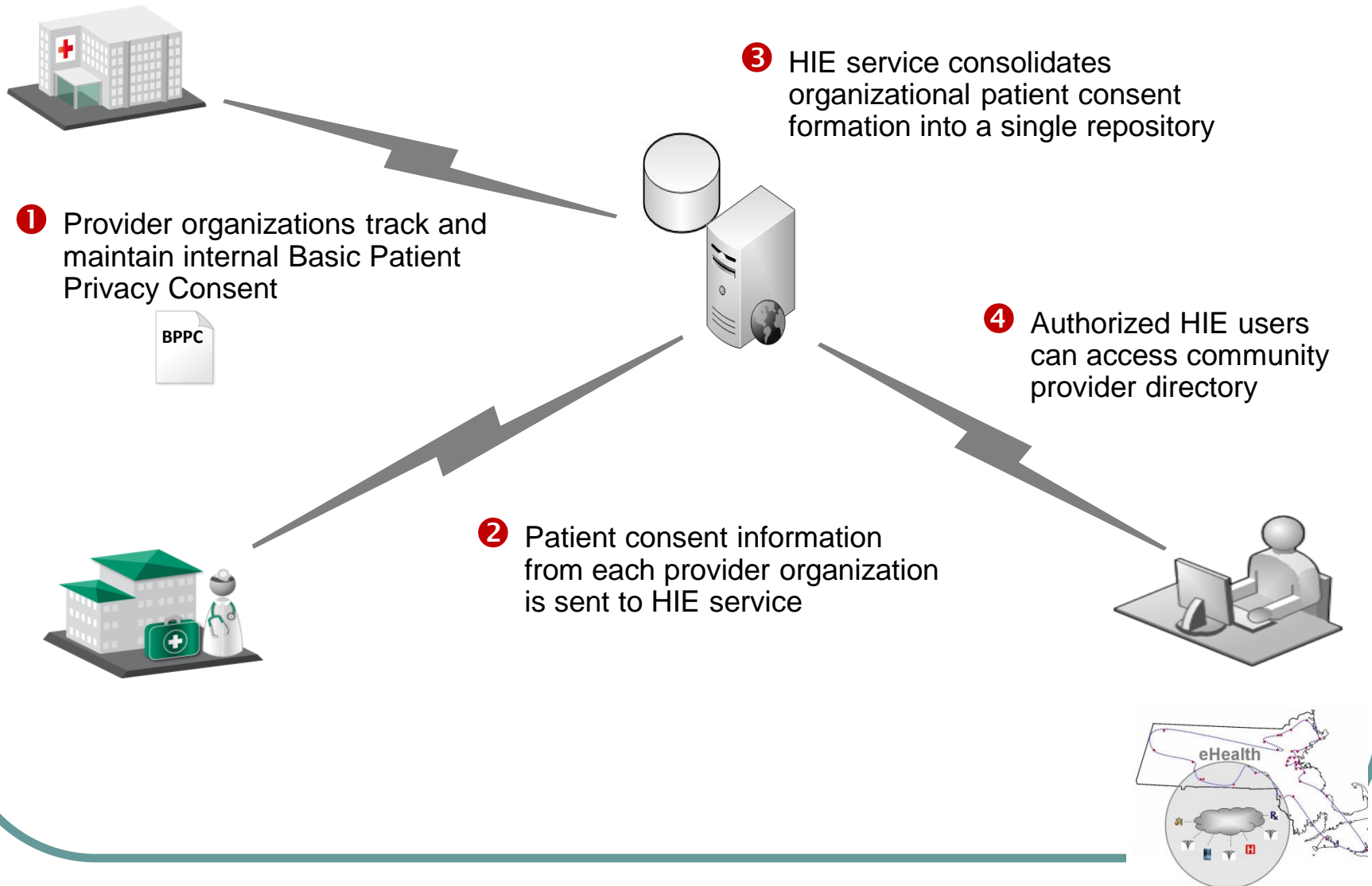
❸ HIE service consolidates organizational patient consent formation into a single repository

❶ Provider organizations track and maintain internal Basic Patient Privacy Consent

BPPC

❹ Authorized HIE users can access community provider directory

❷ Patient consent information from each provider organization is sent to HIE service

eHealth

Beth Israel Deaconess Medical Center Mass HIway Progress Report

BIDMC Mass HIway Progress Report

- We have implemented our immunization reporting in test mode over to the Mass HIway. We're ready to go live with production as soon as DPH approves.

- We are sending over 4000 transition of summaries every day over the Mass HIway to MAeHC.

- We are in final testing with Network Health. We did load testing with them on May 24 and will go live soon.

- We are in initial testing with Boston Public Health via the Mass HIway. We have sent them samples and they are testing now.

- We successfully sent a live CCD to Partners via the Mass HIway. We will go live soon.

Discussion Item 2:

Advisory Group Discussion & Updates

- Phase 1 Consent
- HISP to HISP

- **May Advisory Group meetings held**
  - Technical (5/24)
  - Provider (5/28)
  - Legal/Policy (5/28)
  - Consumer (5/29)

- **Policy areas covered**
  - Technical: HIway Participation Models, Phase 1 Consent Clarification
  - Provider: HIway Participation Models, Phase 1 Consent Clarification
  - Legal/Policy: HIway Participation Models, Phase 1 Consent Clarification
 - Consumer: Patient engagement options, Phase 1 Consent Clarification

HIway Participation Models

- **As the HIE market has begun to mature, many new types of HIE networks are beginning to form**
  - Local HIE initiatives (e.g., Holyoke)
  - National HIE organizations (e.g., Surescripts, Healtheway)
  - EHR vendors (e.g., Cerner, eClinicalworks, Epic)
  - Other state/regional HIE organizations (e.g., NH Health Information Organization, RI Quality Institute)
  - Perhaps in the future, PHR vendors (e.g., HealthVault, NoMoreClipboards)

- **This has created many ways that organizations can gain access to the HIway**
  - Direct Participation: organization sign Participation Agreement and connect directly to the HIway
  - Cross-Network Participation: HIway establishes network-to-network connection with other networks

- **An emerging consortium, DirectTrust.org, is attempting to resolve some of these issues on a nationwide basis, but so far it remains a framework rather than a solution**

- **As the HIway develops, it must remain flexible to a rapidly changing environment**

Emerging HIway Participation Models
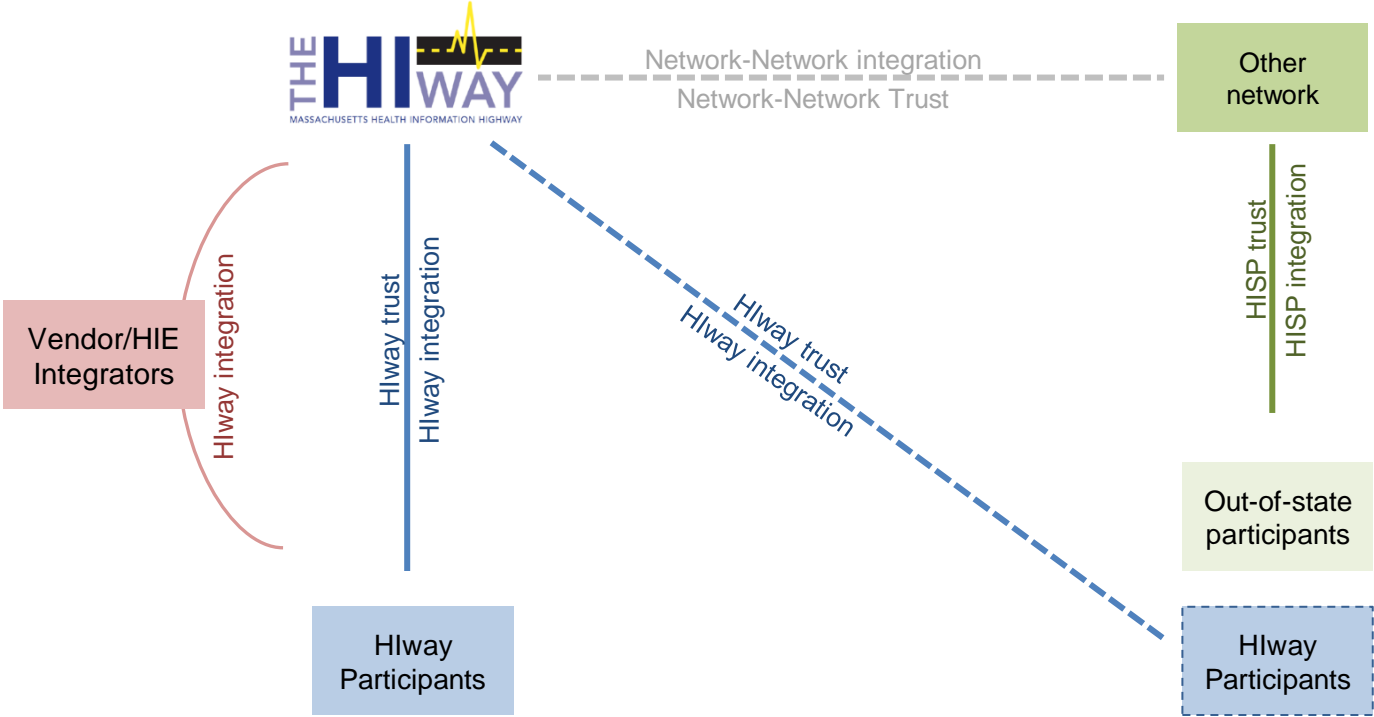
- **When the HIway connects with another network, how much access should it give to members of the other network?**
  - For Phase 1 access (send/receive records, access to provider directory)?
  - For Phase 2 access (query/retrieve records, access to patient RLS)?

- **What types of contracting arrangements will be required between the HIway and other networks? How can we make this scalable?**

- **Synthesis of Advisory Group discussion**
  - Network issues are only important as they affect service levels, price, and ease of implementation
  - Makes sense to address on a case-by-case basis for the time being and use those lessons to develop more scalable policies and approaches
  - Should evaluate nationwide approaches such as DirectTrust if they can help with specific solutions and don't divert resources or attention from HIway priorities

- **Despite the fact that Phase 1 services are functionally equivalent to faxing or secure email, there is some confusion in the market about consent requirements for the HIway**

- **Confusion derives from language in Chapter 224 specifying that patient must have ability to "opt-in" and "opt-out" of HIE**
  - Though the HIway was specifically designed to allow Phase 1 services to be adopted without large legal and policy changes, Ch 224 language being interpreted inconsistently
  - Law does not define key terms
    - "Opt-in" not defined at all
    - Implied definition of "opt-out" is inconsistent with standard industry definition
  - Language was not updated from Chapter 305 (passed in 2008) and thus does not reflect new HIE architecture and more mature industry understanding of HIE and consent
    - HIway Phase 1 is basically secure email – highly circumscribed activity with no patient data repositories or query capabilities

- **Today, most large organizations and many small ones already opt-in patients for information-sharing**
    - Usually incorporated in "consent to treat"
    - Authorizes sharing regardless of mode (i.e., no separate consents for fax, phone, US mail, etc)

- **A straw-man operational clarification for Phase 1 consent:**
    - _Opt-in for HIway Send/Receive Services may be implemented in a variety of ways but should comprise two components: 1) a formal consent for information-sharing; 2) specifically names the MA HIway as a mode of exchange_
    - This would cover legislative intent for statewide HIE to be specifically permission-based
    - Thus, should not just be a notice such as HIPAA NPP, nor should it remain silent on MA HIway
    - An example that would cover this and also would minimize confusion among patients and providers:
        - Consent to treat that also permits information-sharing with other providers
        - Update to HIPAA NPP to list MA HIway as a mode of exchange

- **EOHHS is currently evaluating this clarification and process for conveying to the market**

- **Would this clarification meet the intent of the law and be operationally sound to minimize patient and provider confusion?**

- **What types of clarification would be helpful?**

- **Synthesis of Advisory Group discussion**
  - Generally recognize the need for separate consent process for Phase 1 and Phase 2
  - Generally agree that this approach would satisfy legal/policy and operational requirements
  - Clarification from EOHHS would help remove this issue as a barrier to adoption
  - However:
    - Need to remember that Phase 2 services are much more complex and will likely require wholly new consent approaches and workflows that include more assertive patient engagement
    - This clarification for Phase 1 consent requirements should not be allowed to "bleed over" to cover Phase 2 or allow organizations to "fake it" on the question of consent

Discussion Item 3:

MeHI FY14 Operational Plan

Key Planned Activities

- Complete Federal Grant Obligations
  - REC: ~2,500 primary care providers to Meaningful Use
  - HIE: Continue Last Mile Adoption program
  - Challenge Grants: Support through pilot and transition to future
- Support MassHealth through Medicaid EHR Incentive Payment program
- Transition REC and HIE to Chapter 224 Health IT Adoption Program
  - Leverage REC funds for planning
  - Target Behavioral Health and Long Term Care providers
  - Support all providers in continuing Meaningful Use stages
- Enhance eHealth economic development activity

MeHI Program Evolution

- Combine EHR Adoption (REC Grant) and HIE Adoption (HIE Grant) into Health IT Adoption
  - REC Program Completion
  - HIway Implementation Grants
  - HIway Vendor Implementation Grants
  - EHR Adoption Assessment and Planning
  - Behavioral Health and Long Term Care EHR Adoption Programs
- Medicaid
  - Support for Audit and Denials
  - Emphasis on participant retention and Meaningful Use Stage 2
- Communications and Outreach
  - Comprehensive Health IT Adoption communications programs
  - Significant development of educational resources for the provider community
  - Beginning focus on patient education, likely through providers

MeHI
MASSACHUSETTS eHEALTH INSTITUTE | at the MassTech Collaborative

- Federal Grants end in February 2014

- Funding for EHR and HIE adoption transitions to state funds allocated under Chapter 224

  - $7.125M per year for 4 years

- Medicaid contract is only secure through FY13

  - Verbal agreement to extend three months through September 2013

  - Initial discussions for longer extension have started

  - Budget is based on extension through FY14

Discussion Item 4:

Mass HIway Update – Outreach & Sales Update, Implementation & Support Update, Phase 2 Update

HIway Interface Development Grants

- **Purpose**
  - To ease provider connection to the HIway by accelerating health information technology vendor product interfaces to the HIway

- **Who is eligible**
  - Electronic Health Records (EHR), Clinical Information Systems (CIS), and Care Management Systems (e.g. case management, practice management) vendors
  - Must have at least (4) production implementations in the Commonwealth

- **Funding**
  - Maximum grant award is $150,000
  - Average is expected to be $75,000

- **Timeline**
  - Posted   5/23
  - Applications due   6/17
  - Notification of award   Early July

Q & A Webinars	
5/29 @ 12p	23 attendees
6/5 @ 12p	

Hyperlink:
http://mehi.masstech.org/health-information-exchange-0/last-mile-program/vendor-interface-grants

HIway Implementation Grants
grantees & their trading partners by location

Decision support through 2-way exchange of data

Coordination of care for elderly psychiatric patients

Referrals from specialty care to home health

Pre-hospital transport care coordination for homeless

Care management for Heart Failure patients

Discharge summaries from acute care to SNF and Home Health

- **32** grantees
- **80 unique trading partners**

THE HIWAY
MASSACHUSETTS HEALTH INFORMATION HIGHWAY

Data as of 5/29/2013

Opportunities (by stage)

Stage	
Prospecting	Qualification
Needs Analysis	Value Proposition
Use case development	Proposal/Price Quote
Technical evaluation	Negotiation/Review
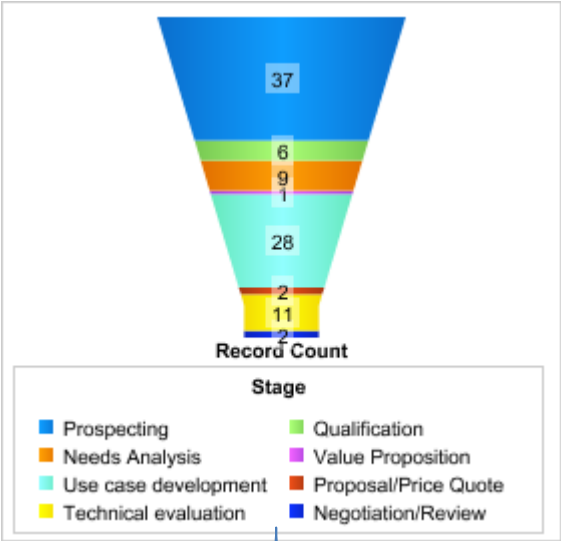
Opportunities	77
Organizations	420+
HIway Revenue	$850,000+

PAs Signed to Q2 Target*
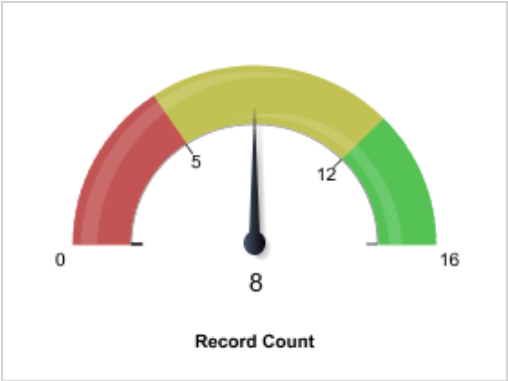
PA = Participation Agreement
*Signed PAs does not equate to Implementation

Grants Awarded (anticipated)

Grant	#
HIway Vendor Interface Grants	2
HIway Implementation Grants	32

Orgs 30-days to Hand-off (to Ops)

11

Organization	Connection Type
Christopher House of Worcester	Webmail
Fairlawn Rehabilitation Center	Webmail
Family Health Center of Worcester	LAND
Holy Trinity Nursing and Rehabilitation Center	Webmail
Life Care Center of Auburn	Webmail
Radius Health Care Center at Worcester	Webmail
Millbury Healthcare Center	Webmail
Overlook VNA	LAND
Reliant Medical Group	LAND (Atrius)
VNA Care Network	LAND (Atrius)
Saint Vincent Hospital	LAND (Vanguard)

Organization	Use Case	Status/Target Date
Live:		
BIDMC	Several use cases – registries, data analytics and information exchanged between provider organizations.	• In production with MAeHC • DPH (Immunization) – live; moving to production 6/3/13 • Testing (over the HIway) – Boston Public Health; Network Health; Atrius; Partners
Tufts Medical Center	Discharge Summaries to Network Health;	• Successful transmission of up to 1M test transactions • Worked through consent – implementing processes, forms; moving to production with NH
Network Health	Receive Discharge Summaries from Tufts Medical Center and BIDMC	• Live with Tufts & BIDMC – moving to production in next 2 weeks
Holyoke Medical Center/Holyoke HIE	First implementation of Direct connect among Holyoke Medical Center and its HIE, HealthConnect. Successful implementation will allow exchange among the current 43 independent providers, HMC and HIway participants	• Successful test with S/MIME; working on testing XDR transaction • Will test with HIway trading partner
Gregory Harris	Email dialog, care consults	• Live – successfully sent a transaction; awaiting exchange partners

Organization	Use Case	Status/Target Date
Active Testing:		
Boston Public Health, Atrius, Children's, Partners	Care coordination, management	• Various levels of testing
Harvard Pilgrim Health	Discharge summaries; data analytics Conducting extensive security and penetration testing on LAND box	• Mid June for security testing
Pilot Project:		
Meditech Pilot	Pilot project with 4 MA test sites – Winchester, Berkshire, Harrington, Jordan Hospital	• Kick-off session June 24
Provisioning Services:		
Beaumont Rehab; Notre Dame LTC; Michael Lakher; Jessica Foley	Email accounts as part of the IMPACT grant; Dr. Lakher - optometrist	• Will be provisioned for services by 6/7/13 to go live

- **Transactions exchanged up from 337,956 in April to 805,615 in May. Cumulative total to date 1,149,572**

- **Implemented provider testing environment**

- **HIway support model gearing up for significant increase in implementation/usage activity in Q3 & Q4 2013**
    - Dedicated Service Managers – assigned to support defined market segments (Hospitals/IDNs, HISPs, Vendors, DPH, community providers)
    - Technical Managers – supporting the Service Managers for connection, testing and troubleshooting
    - Support Phone Line – 1.855.MAHIway for routine questions, password resets, etc.

Mass HIway Phase 2 high level project schedule

Activity	Target date
Submit IAPD to CMS	**Completed**
CMS approval of Phase 2 IAPD	**Completed**
Phase 2 contract (or change order) executed	~~May 2013~~ June 2013
Go-live - Public Health - Immunization Registry Node	**Completed on 4/28/13**
Go-live - Public Health - Reportable Lab Results (ELR) Node	**Completed on 4/28/13**
Testing - Public Health - Syndromic Surveillance Node	~~May 24, 2013~~ **Completed**
Testing - EOHHS – Children's Behavioral Health (CBHI) Node	~~May 24, 2013~~ June 14, 2013
Go-live for Phase 2, Release 1 (Other Public Health interfaces)*	May – Oct 2013
Go-live for Phase 2, Release 2 (CDR, EMPI, RLS, Consent)	Oct 2013 – Mar 2014

*Detailed Phase 2 Planning has begun and high-level plan will be presented at the next meeting

Discussion Item 5:

Wrap up and next steps

HIT Council 2013 Meeting Schedule*:

- January 14 – 11th Floor Matta Conference Room
- February 4 – 11th Floor Matta Conference Room
- March 13 – 11th Floor Matta Conference Room
- April 8 – 21st Floor Conference Room
- May 6 – 21st Floor Conference Room
- June 3 – 21st Floor Conference Room
- **July 1**
- August 5
- September 9
- October 7
- November 11
- December 9

All meetings to be held from 3:30-5:00 pm at One Ashburton Place, 21st Floor, Boston, unless otherwise noted

Next HIT Council Meeting: July 1, 2013

Preliminary Agenda:

- Customer Implementation Updates
- Advisory Group Update/Discussion
  - Discussion Topics?
- Mass HIway Update